

I have read or have had explained to me the information on the 6/30/06 Inactivated Influenza Vaccine Information Statement (VIS). I have had the opportunity to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and I request that it be administered to me or to the person for whom I am authorized to make this request.

Name of person receiving vaccine	Date of Birth	Age	OHSU Health Network for Rural Schools One University Blvd. LaGrande, OR 97850	
Name of person authorizing vaccine <b>(if given to minor)</b>		Relationship to minor		Manufacturer:
				Lot:
Address	City	State		Expiration:
Phone Number	Did you get a Flu Shot last year? Y N		Lt. Deltoid	Rt. Deltoid
Signature	Date:		Nurse=s Signature	Title

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